

2831

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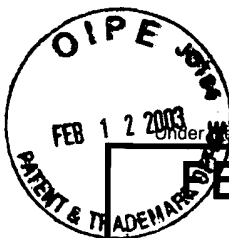
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/043,224
	Filing Date	January 14, 2002
	First Named Inventor	KOBAYASHI
	Group Art Unit	2831
	Examiner Name	NGO, HUNG V.
Attorney Docket Number		15-024

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): APPENDIX SHOWING CHANGES TO CLAIMS VERIFIED TRANSLATION OF PRIORITY DOCUMENTS (2) CERTIFICATE OF TRANSLATION
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	February 12, 2003

OIPE CERTIFICATE OF HAND DELIVERY			
I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the below-indicated date and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.			
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FREE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	10/043,224
		Filing Date	January 14, 2002
		First Named Inventor	KOBAYASHI
		Examiner Name	NGO, HUNG V.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Group/Art Unit	2831	
TOTAL AMOUNT OF PAYMENT	(\$ 410)	Attorney Docket No.	15-024

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 50-1147 Deposit Account Name LAW OFFICES OF DAVID G. POSZ <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$ 0)	
2. EXTRA CLAIM FEES					
Total Claims 17 -20**= 0 x 18 = 0					
Independent Claims 3 -3**= 0 x 84 = 0					
Multiple Dependent					
**or number previously paid, if greater; For Reissues, see below					
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$ 0)	
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)			
		(\$ 410)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(202) 416-1638
		Date	February 12, 2003

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